

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S <sup>0</sup>		5/17/01
O.I.P.E. CLASSIFIER			6/2/01
FORMALITY REVIEW	S/A	1685	7/13/01
RESPONSE FORMALITY REVIEW	STAP	1100	7/9/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1	7/2/01
2	7/2/01
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5	7/2/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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57-13-21  
5/28/01  
7/13/01